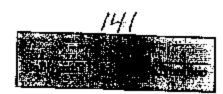
	141		
COVERING JULY 1 THROUGH DECEMBER 31			
DUE FEBRUARY IS	FOR OFFICE USE ONI Postmark Date: 7 19		
Ins(ructions Print in ink or type, Fill in Registration Number in spaces provided. Complete form and return to the Board of Ethics, 8401 United Plaza Blvd., Suite 200, Baton Rougs, I.A 70809 (225) 922-1400. This form must be delivered or postmarked by the due date.	į, €		
 This form may be faxed to (225) 922-1414. The original should be forwarded on the day of fax transmittal. 	1001144		
1. Name DEBEN RUDOUPH W Last Union Carbida Corp., Sinte 400 MT 2. Business Address One Sugar Creek Couler Blad., Sugar Land Sireel and No. City			
· · · · · · · · · · · · · · · · · · ·	State Zip		
Mailing Address Same an alooke			
3. Business Phone 281-263 - 1119 Area Code and Telephone Number	<u> </u>		
4. Total of all expenditures made January 1 through June 30: \$ \frac{5\gamma}{4}.	<i>९</i> ग		
5. Total of all expenditures made July 1 through December 31: \$ [When Applicable] (Include expenditures from Schedules A and B)	/A		
6. Total of all expenditures made during calendar year: [Line 4 added with Line 5 should equal Line 6]	.87		
7. Did you make an expenditure exceeding \$50 on one occasion for any one log	islator;		
From January 1 through June 30?	(NA		
If the answer to either question in Number 7 above is YES, please complete S	chedule A and attach.		
Com PTI Day AM			

LOBBYING EXPENDITURE REPORT



8.	Did you make expenditures exceeding	g the	sum of	\$250 for an	y one le	egislator:			
	From January 1 through June 30? From July 1 through December 31?		Yes Yes	B	No No	 paf	NA		
	If the answer to either question in Nu	mbcr	8 above	is YES, pl	ease co	mplete Sc	chedule A and	attach.	
9.	Did you expend funds for a reception, social gathering, or other function to which the entire legislature, either house, any standing committee, select committee, standery committee, committee created by resolution of either house, subcommittee of any committee, recognized caucus, or any delegation thereof were invited during the reporting period?								
	☐ Yes			ጆ	No				
	If the answer to Number 9 above is YES, please complete Schedule B and attach.								
CERTIFICATION OF ACCURACY									
I hereby certify that the information contained herein is true and correct to the best of my knowledge,									
	information, and belief; that all rep	ortab	le exper	ditures hav	re beer	include	d herein; and	that no	
	information required by the Lobbyist printled.	Disc	lesure A	ct [LSA-R,	S. 24:5	C et seq.)	has been del	ibetately	
	, <u>)</u>	ignar	duple ture of L	UL () obbyist	ben	<u>. </u>			

Form 502, Rev. 1/99